

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33651

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8186

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2517 a N. JEFFERSON</b>		d. STREET ADDRESS <b>2517 a N. JEFFERSON</b>	
3. NAME OF DECEASED (Type or print) <b>HAROLD HOPMANN</b>		4. DATE OF DEATH <b>AUGUST 30, 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 19, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>	
13a. FATHER'S NAME <b>HERMAN HOPMANN</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>DR. R. SPITZ 9250 MACON WOODSON HEIGHTS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>420.1</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>11:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>1300 Clark</b>	
22a. SIGNATURE <i>Karl Smith</i> (Deputy Registrar)		22c. DATE SIGNED <b>9/3/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT. 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW BETHLEHEM CEMETERY</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS COUNTY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 3 '57</b>	
26. REGISTRAR'S SIGNATURE <i>Karl Smith MD</i>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

CORONER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  
*William J. A. ...*

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.